

EASTERN REGIONAL MENTAL HEALTH BOARD

The Citizen's Voice in Mental Health Policy

2013 DSS and DCF Budgets: MAKE LIFE SIMPLER

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The **DSS** budget creates several categories of benefits and changes thousands of people's status, mostly because of the Affordable Care Act. Even if the ACA is implemented on schedule and as presently envisioned—two big “ifs”—DSS staff are not ready for the paperwork, which will lead to chaos, which will unfairly be blamed on the program and on the clients.

You hear regularly from Commissioner Bremby about the technological fix that will solve DSS's problems. But even if *that* were true, it has not happened yet. That means that thousands of people will be caught in limbo with *no* benefits while DSS tries to catch up. And the categories are distinctions without differences. In practical terms, whether people earn 132%, 135%, 180% or 190% of the federal poverty level does not make much difference. They are all poor. None of them can afford *or get* private insurance, and many will find it very hard to deal with DSS.

Separating Husky parents from their children is especially cruel and senseless. It is a textbook case of technicians overruling policy professionals. Parents and children were originally put under Husky because we recognized that each was more likely to get care if they could do it together. Now, because the parents will allegedly be able to get care through the new exchange, they are taken out of Husky simply to get them out of the state budget.

As Sheldon Toubman points out with his usual passion and eloquence, both the cost and complexity of getting care will go up, often beyond the capacity of the parents to deal with it, so they will be left without care. Co-pays serve mainly to discourage people from getting care at all, which saves money in the short run. We only have to pay when they get sicker, need more expensive care, and perhaps lose their jobs and housing. Little of that cost comes out of the *Medicaid* budget, although DSS will have to reclassify

them if their income changes, which will be harder if they move, and mail forwarding delays cause their documents to expire, and the process starts over again from the end of pile.

DCF seems to be on the right track. Commissioner Katz has changed some rules and policies, and the hearts and minds of staff are coming along. This is a slow but vital process that you should encourage however you can. We are pleased to see that the *conception* of mental or behavioral health is changing, as a facilitative attitude starts to overtake their traditional punitive reputation. DCF has made progress in the screening and referral process to DMHAS, but it still needs more resources. Moreover, the kids in DCF care still come with almost no adult living skills, which requires more intensive and longer care from the adult system. We hope that in the future, DCF and DMHAS Young Adult Services will work together to develop a life-skills curriculum that will teach more earlier and ultimately reduce the overall cost and level of care.

Thank you for your attention and diligence in this difficult year.

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